PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

DEN-1693,21

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9		(0010	11111 2)	1.	RATE	FEE	OR 1			
FOR			NUMBER FILED		NII INAG	ER EXTRA		BASIC FEE	 -	┨	RATE BASIC FEE	770.00	
<u> </u>			C)		NUME	DER EXTRA		DASIC I EL	363.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 mir	nus 20=	* 4	}		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		$\mathbb{L}_{\mathcal{E}}$	ź	·	X43=		OR	X86=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	170	OR	TOTAL			
CLAIMS AS AMENDED - PART II								OTHER THAN					
(Column 1) (Column 2						(Column 3)	, ,	SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎▐	+145=	,		+290=		
TOTAL										OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE	-	
		(Column 1)	1	(Colum		(Column 3)	1 5		ADDI			4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
١ME	Independent	*	Minus	***		=		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ī			
<u> </u>								+145=		OR	+290=		
		Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE							
		(Column 1)		(Colum		(Column 3)	1			_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ī		•	
* If the entry in column 1 is long than the later in column 2 write #0" in column 2										OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	SPACE is	less than	20, enter "20."	ΑĽ	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
		ber Previously Paid					foun	d in the appr	opriate box	in colu	ımn 1.		